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STATE OF DELAWARE
DEPARTMENT OF INSURANCE
DPO – HMO – HSC COMPANIES
ANNUAL FEES ASSESSMENT FOR CALENDAR YEAR 2001, DUE MARCH 1, 2002

MAILING ADDRESS AND COMPANY INFORMATION

If information differs from that listed, print correction(s) below:

Company Name: _____
Contact Person: _____
Mailing Address: _____

Telephone #: _____ FAX #: _____
Federal E.I.N. #: _____ N.A.I.C. #: _____ Type: _____

ANNUAL FEES AND ASSESSMENTS

1. Certificate of Authority Renewal Fee:	\$	_____
2. Annual Statement Filing Fee:	\$	_____
3. Fraud Prevention Bureau Annual Fee:	\$	550.00
4. LESS: Total Prepaid in 2001	\$	(_____)
5. TOTAL AMOUNT DUE:	\$	_____

All questions regarding payment of Annual Filing Fees should be directed to:

Mrs. Ann Fletcher
Premium Tax Coordinator
E-mail: afletch@deins.state.de.us

INSTRUCTIONS

(References are to Title 18, Delaware Insurance Code)

LINE 1	“Certificate of Authority Renewal Fee”:	Dental Plan Organizations enter:	\$100.00	(§701; §3804(c))
		Health Maintenance Organizations enter:	\$100.00	(§701; Regulation 58, §6)
		Health Service Corporations enter:	exempt	(§6304)
LINE 2	“Annual Statement Filing Fee”:	All companies enter:	\$100.00	(§701; §526)
LINE 3	“Fraud Prevention Bureau Annual Fee”:	All companies enter:	\$550.00	(§2415)
LINE 4	“LESS: Total Prepaid in 2001”:	Deduct amount prepaid during calendar year 2001.		
LINE 5	“Total Amount Due”:	Attach a check for this amount made payable to “Delaware Insurance Department”.		

The Delaware Insurance Department has established a lockbox operation for the collection of taxes and fees. Forms and checks must be received at one of the bank addresses listed below on or before March 1, 2002. Filings received after that date will be considered late and the company may be subject to an administrative penalty of \$100.00 per business day until the filing is received. *Please note: The Delaware Insurance Department uses a “received by” date, not a postmark date.*

DO NOT SEND THIS FORM OR PAYMENT WITH THE ANNUAL STATEMENT. Annual Statements are received at a different section of the Insurance Department. If this form and payment are sent with the Annual Statement, the filing may not reach the tax and fees section in a timely manner, and the company may be subject to the late penalty. The date the filing is forwarded to the tax and fees section will be used as the delivery date for penalty calculation. **MAIL FORM AND CHECK TO ONE OF THE FOLLOWING ADDRESSES:**

For filings sent via U.S. Postal Service

Delaware Insurance Department
c/o PNC Bank
P.O. Box 7780-1865
Philadelphia, PA 19182-1941

For filings sent via Courier or Express Service

Delaware Insurance Department
c/o PNC Bank, Attention: Box #1865
Route 38 and East Gate Drive
Moorestown, NJ 08057